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A CASE OF INJURY TO THE SPINE, FOLLOWED BY GANGRENE.
WITH REMARKS.

BY S. R. MILLINGTON, M.D., OF NORWAY, HERKIMER CO., N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, June 30th, 1856, to see Mr. M. N., one of our most wealthy and worthy farmers, aged 45; married; of large and well-developed frame. Mr. N., a short time prior to my visit, had fallen from a tree a distance of about thirty-five feet, striking, as was thought by his son, upon his back. I found the patient suffering from the shock consequent upon the injury, with a pale and sunken aspect, feeble pulse, cold extremities, &c. Upon examination, I found much tumefaction and pain on pressure over the region of the twelfth dorsal vertebra, complete paralysis of *motion and sensation* of the bladder and all parts below the seat of the injury in the spine; partial dislocation of the left ankle, attended by much swelling; fracture through the superciliary ridge of the orbit; much injury of the right side of the face and head, as shown by an extensive ecchymosis, and discharge of blood from the ear and nose. Fomentations were used over the spine, and stimulating frictions to the extremities. When reaction was established, some four or five hours after the injury, the patient was bled eight ounces. Then an effort was made to place him upon a bed, which had been prepared, in which we succeeded, after causing much pain and distress, as every and the *least* movement of the body brought on severe paroxysms of pain, which seemed to threaten immediate death.

After reducing the dislocation of the ankle, I left my patient, to return in the evening. At 12 o'clock, night, I used the catheter, and drew off one quart of blood and urine. Scarified and cupped over the spinal region with great relief, though the application of the cups was very painful.

July 1st.—Patient had a very hard night from restlessness and pain in the spine, and which was aggravated by the least motion. A cathartic, which was taken last night, has operated, but without

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the patient's knowledge. Pulse 90; skin hot and dry; drew off nearly one quart of bloody urine. Apply cups and scarify. Is to take an anodyne to ensure rest.

2d.—Had a restless night; urine is dribbling from the urethra, but bladder is distended; can move his legs a little, but has no sensation. My friend Luther Guiteau, M.D., being in consultation, examined the spine and foot carefully, and thought, from all the symptoms, there must be a fracture, or dislocation, or both, of the spine; but from the amount of muscles, together with the swelling of the parts, it is very difficult to decide upon the exact nature of the injury. The foot and ankle are much swollen, and below the natural temperature; and as we feared a *want* of action more than *too much* action, I ordered stimulating fomentations, with friction, and applied cups to the spine.

4th.—Had much trouble in evacuating the bladder from blood filling up the catheter, which was overcome by injecting warm water through the catheter. In other respects much as at last date.

6th.—Left foot much swollen and oedematous; the toes on the same foot assumed a peculiar dark or brown appearance, and were cold and shrunken, looking very much like gangrene from venous congestion, and a want of proper supply to the affected parts. Urine is turbid—is alkaline, and emits a fetid, ammoniacal odor, and at times quite a quantity of dark blood is voided by the catheter. Some soreness and swelling in right iliac region, hip and bladder. Treatment—cup and scarify spine; friction, with stimulating liniments, to lower extremities, and eight grains Dover's powder at 9, P.M.

9th.—Patient no better. Urine very offensive—ammoniacal odor—turns catheter black. Much trouble in introducing it, from inflammatory enlargement of the prostate, as shown by an examination through the rectum; gangrenous appearance of the toes increasing; pulse 95 to 100; tongue furred. Treatment continued.

12th.—Patient in all respects about the same as at last date.

16th.—Pulse 100; urine muco-purulent. To apply blister to the spine, and let him take an infusion of uva ursi and soda. Gangrenous appearance of toes improving.

19th.—Pulse 85 to 90; less mucus in urine; foot much swollen, and more heat than usual. As the weather is very warm, and the secretions are bad, he is to take small doses of hydrargyrum cum cretâ and opium, to be followed by castor oil.

August 1st.—Patient has seemed to improve since last date, and has more appetite; can move in bed without much pain, and the swelling in the spine is so far reduced that I now have an opportunity to examine the injury of the part, and find the twelfth dorsal vertebra *prominent*, with a lateral curvature of the spine.

5th.—The same as at last date, save the urine, which is again very offensive—turns litmus paper red. To take uva ursi and

soda, and anodynes as occasion may require. Notwithstanding the care taken to prevent pressure upon the prominent points of the body, bed sores are forming over the sacrum and greater trochanter, which, however, give my patient no inconvenience.

5th.—Patient taken with dysentery, discharges of blood and mucus being frequent and wholly involuntary, and without his knowledge.

25th.—Patient for the last twenty days has labored under a severe dysentery, with red and dry tongue, frequent pulse—at times 120 per minute—and is *very much* emaciated. The treatment has been anodynes, astringents and tonics, to which it seems at last to have yielded. 7 o'clock, P.M.—Sent for in haste; has been taken with violent chills; I feared the formation of an abscess in the region of the bladder, but on a close examination of the bed sore on the sacrum, which is much swollen from pressure, thought the chill might be caused by irritation. At 11 o'clock, P.M., he is perspiring freely; pulse 115; extremities cold. Treatment—sulph. quiniæ, two grains; sulph. morphicæ, one fifth of a grain, once in four hours, with brandy and water.

26th.—Notice an *oval* vesication on the ball of the great toe of the right foot. To continue treatment.

27th.—The vesication noticed yesterday broke, discharging bloody serum. I noticed other *oval* vesications on the toes of both feet; also, on the bottom of the left heel, an appearance as though quite an amount of serum had collected under the thickened skin, which emits a peculiar cracking or *crepitant* sensation on pressure. Punctured the vesications, and directed the treatment to be continued at shorter intervals, as my patient seems to be sinking under his multiplied afflictions. Is to take freely of beef-tea and other nourishing food.

28th.—I cut off the thickened skin on the bottom of the heel, and find two oval, well-defined gangrenous ulcers, one two inches in diameter, the other one and a half. Treatment continued, and the nitric acid lotion applied to the ulcers.

29th.—Noticed a drying up and dark appearance of the end of the great toe of the right foot. Sloughs separating on heel, and the line of demarcation forming between the living and dead parts. I also noticed an appearance on the left heel very similar to that on the right foot. Much gangrenous inflammation extending up the great toe on right foot. Continue treatment, with tinct. iodine to gangrenous inflammation and yeast poultices to separating sloughs.

30th.—My friend and preceptor, Walter Booth, M.D., in consultation. The sores on sacrum and trochanters are putting on a gangrenous appearance, it being next to impossible to protect those parts from pressure; the sloughs are separating, and granulations commencing in the ulcers on heel. Dr. Booth recommend-

ed a lotion made of corrosive sublimate sixteen grains, water one pint, to the ulcers, and the addition of the carbonate of ammonia to the quinine, morphine and brandy.

Sept. 2d.—End of great toe sloughed off, leaving metatarsal bone protruding. Ulcers all doing well. To continue treatment.

20th.—Gangrenous ulcers nearly healed. Is to use Morehead's graduated magnetic machine, and commence with one sixteenth of a grain of strychnine three times a day.

Oct. 1st.—Patient doing well; sensation increasing in lower extremities. Is to continue the use of the machine and increase the strychnine. Can now ride in an easy carriage.

Some time in January, Mr. N. visited Albany to consult Dr. March, who recommended blisters to the spine, camphor moxa over the region of the sciatic nerve, and the tincture of nux vomica internally.

REMARKS.—Date of injury, June 30th. Noticed very slight motion July 2d. August 1st, could rotate his limbs, and *push* them down in bed, but could not move the feet or toes. August 14th, could turn over in bed, dragging after him the extremities. *Motion* was restored sooner than sensation, so that the nerves would not respond to the action of the magnetic machine on its first application, excepting over a small extent of surface. Inflammatory symptoms over the seat of the injury in the spine disappeared in two or three weeks. Retention of urine, so that the catheter had to be used three or four times a day, to August 25th, when for the first time he voided urine in the natural way, in connection with an evacuation of the bowels. Since that time to the present, June, 1858, he is obliged to use the catheter occasionally. The palsied condition of the sphincter ani continued until about the 10th of September. He has now regained perfect use of that very necessary muscle. At this date, June, 1858, Mr. N. is enjoying good general health, yet he has but little sensation in the lower extremities; still he attends to his business, by the aid of crutches.

Was this a case of fracture, or dislocation, or both? The possibility of a dislocation of one vertebra from another, without fracture, was long disputed by surgeons. Abernethy, in his usual positive manner, denies it. Sir Astley Cooper never witnessed it. It is now, however, settled beyond a doubt, by the examples of Desault, Rush and others, that such accidents may occur in the cervical region; but in the dorsal and lumbar regions, where a different anatomical character of the oblique processes obtains, the displacement of the bodies of the vertebræ without fracture, seems physically impossible, and yet Mr. Brodie declares that even this form of injury is possible. And if it was a case of fracture or dislocation (as the paralysis and deformity would seem to indicate), should any attempt have been made at reduction? The practice of the ancients was to make extension and counter-exten-

sion, with local manipulation, to adjust the displaced bones. Hippocrates recommended it, and gives a full description of the apparatus used by him. Even in the days of Ambrose Paré, reduction by extension was considered indispensable to the happiness and safety of the patient; and you will see figured in his work, the surgeon and his assistant in the act of restoring an outward dislocation of the spine by extension and counter-extension; and it would really seem to be good practice to make the attempt at reduction in these cases, if we may credit the statements made of cases in which such extension has been made with complete success—motion and sensation being the immediate effect of the reduction, for we well know the inevitable fate of the patient if not relieved. The slight change of parts often required to relieve the spinal cord of the pressure upon it, with the success that has attended efforts at reduction, would seem to prove that careful extension and manipulations afford the sufferer the fairest chance to recover.

I find a case very similar to this recorded in the *New York Journal of Medicine and Collateral Sciences*, Vol. III., page 267, occurring in the New York City Hospital. A short time previous to admission, the patient had fallen through the hatchway of the ship Columbus into the hold, a distance of about thirty feet. The symptoms being so similar to those noticed in the case of Mr. N., it is unnecessary to record them here. This man, however, had chills about the third day. On the twenty-eighth day after the injury, is the following record. "There is now well-marked opisthotonos, the head being forcibly extended, and patient unable to flex it upon the trunk. There are now also observed slight clonic spasms of the muscles of the paralyzed extremities, most marked in the extensor muscles of the toes and the flexors of the legs. There is also frothing at the mouth. Tetanic countenance well marked. Can scarcely swallow a teaspoonful of liquid. August 18th, next day, patient very low; pulse frequent and small; surface bathed with a cold sweat; lips livid; spasms very violent; jaws firmly locked. 10 o'clock, A.M., died." Autopsy, five hours after death, found a comminuted fracture of the body of the twelfth dorsal vertebra, with some displacement of the fragment backward upon the spinal cord. The bladder was found to be thickened, somewhat distended, and its mucous coat highly inflamed and coated with a thin layer of pus. There was an abscess within the coats of the bladder, which, when cut into, discharged about an ounce of purulent matter. The ureters and kidneys were also in a state of inflammation. In the same Journal, Vol. VII., page 197, I find a very interesting case of injury to the spine from the falling of a tree, which crushed the man to the ground; falling across the back and folding the lower extremities under him. Spine found dislocated—curved anteriorly and to the left, at the union of the

dorsal with the lumbar vertebræ. This patient was able to sit up in one year. In four months from injury, spasms of lower limbs became violent. Three and one half years from injury, the muscles were susceptible of being thrown into the most violent agitation, on exposure to cold air, or a sudden touch—the spasms appearing as aimless as the death-struggles of a decapitated chicken, and quite as frightful; yet the poor patient had not the slightest consciousness of the fact from sensation, but only from observation by sight. This patient discharged pus from the urinary bladder for eighteen months; regained control over bowels in about one year from injury.

Another case is recorded in the same Journal, on page 198, of injury of the spine by falling from a barn on the frozen ground, in October, 1842. This case is interesting, so far as it may go to establish the nervous pathology of fever. In December, after the injury, the patient was taken with malarious fever, when it was observed that the *upper* parts of the body went through the cold, the hot, and the sweating stages in regular order, whilst all the parts of the system *below* the injury were entirely undisturbed, and unconscious of the tumult going on above. This patient died five months after the injury.

The *post-mortem* examination revealed a transverse fracture of the body of the tenth dorsal vertebra, without involving the lamellar processes; dislocation of the articulating process of the ninth and tenth, with fracture and reunion of one of the processes of the tenth; reunion of the fractured portion of the body, with permanent dislocation; almost total occlusion of the spinal canal; ramollissement of the cord below the injury, and a highly reddened and injected condition above.

DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT
BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 378.]

THE following exhibits a case of the fever resulting in death, to which is appended a minute account of the appearances disclosed on *post-mortem* examination.

CASE VII.—Of a man, aged 38, without known cause, living under unfavorable hygienic circumstances—sudden accession of headache—pain in back, limbs and joints—rigors—vomiting—suffused and injected eyes—flushed face—mulberry rash on the fifth day—heavily loaded tongue, at first moist, then dry, finally black—slight cough—sudden prostration of strength—somnolence—great nervous agitation—subsultus—delirium—death on the fourteenth day. *Post mortem*, general sizzly fluid and dissolved state of the

blood—slightly increased vascularity of the brain and its membranes—engorgement of posterior and depending portions of the lungs—punctiform injection along the great curvature of the stomach—discoloration and slight congestion of mucous membrane of small intestine, at lower portions—a few points of injection in the lining membrane of the urinary bladder—other organs normal.

James Hensaman, a laborer, aged 38, was admitted into the London Fever Hospital on the 28th May, 1853, in charge of Dr. Southwood Smith. Hensaman is an Irishman—is a resident of "Swan Yard," in Islington, a place inhabited mostly by an Irish population of the lowest grade. It is a locality fruitful in the fever, and has furnished a large number of patients to this hospital.

The first notes of this case have been copied from the hospital daily records, and are as follows: Patient was ailing a little on Wednesday, 25th May, when he experienced the preliminary symptoms of fever, but not in marked degree. On Friday following (27th), the symptoms became aggravated, and the onset of the disease fairly fixed. He had headache, pain in back, limbs and joints, alternations of heat and cold, with "tremblings"; does not remember that he had marked chills. The attack can be traced to no definite cause. Saturday, on admission, there was vomiting and increase of the preceding symptoms.

Sunday, 29th.—Complains of pain in all his limbs and joints. Slept ill, mind and special senses normal; eyes suffused and injected; face flushed, of dusky hue; tongue moist and furred; slight amount of cough; four stools; typhus rash appearing; pulse 108; powers good. Some appetite; slight thirst. Mist. carb. am. Beer, Oi.

30th.—Patient is said to have slept well; expresses himself as feeling better, powers improved; tongue moist; some cough; two stools. He has some appetite, considerable thirst. Pulse 116. To continue the treatment. On the 31st, his pulse was 98. He had slept well; no headache; tongue moist and furred; skin moist; two stools. Muscular powers are unsteady. The record on the 2d June is as follows: Pulse 120; he is represented to have had delirium during the night, became violent and frequently left his bed, raved and talked incoherently. This morning is quiet; tongue more furred; rash copious; two stools, in bed. To have gin, ʒ iij.; in other respects treatment as before.

The following day (June 3d), the patient came under my notice. My memoranda are as follows:

June 3d.—Is reported to have slept ill; moaned and talked incoherently during the night; decumbency dorsal; much prostration, unable to turn in bed; surface moist; urine and stools in bed; spots fading; great muscular agitation. His head to be

shaved, and a blister applied to back of the neck. Vin. alb. § iv. ; in other respects treatment as yesterday.

June 5th.—He has slept better, but moaned and talked at night; powers diminished; much tremor of the hands; tongue dry and black; three stools. Wine to be increased to § viij.

6th.—Is said to have slept none, but to have rambled and raved throughout the night; there is now constant rolling of the head from side to side, twitching of the muscles, and a busy working of the hands, like a patient in delirium tremens. Decumbency dorsal; two stools; tympanites; sloughing of the sacrum; unconscious dribbling of the urine; bladder not distended. From this time the patient sank rapidly, and died at 8, A.M., on the 7th.

Autopsy, June 8th, at 11, A.M., twenty-seven hours after death.

Weather fair; temperature of the room 65° Fahrenheit. Body well developed and muscular. Height 5 feet 10 inches. Length of trunk 23 inches. Circumference of head 22 inches. Occipito-frontal distance $12\frac{1}{4}$ inches; ear to ear $12\frac{1}{4}$ inches; acromion to acromion 15 inches; crista to crista $12\frac{1}{4}$ inches. Rigor mortis well established in inferior extremities, left elbow and wrists; less so in shoulders, right elbow and neck. Slight greenish discoloration on abdomen, bluish on inside of the thighs, extensively blue and purplish on posterior surface of body, except where pressed upon in lying. Irregular brownish spots (size of a pea) are scattered about on the sides and back; there are others, say one sixteenth of an inch in diameter, being the *typhus spots* observed during life. These are not effaced, or at all affected by pressure, but appear to be imbedded in the substance of the skin: they are, in fact, extravasations. On the left nates is a superficial slough two inches by three in diameter. Old ulcer on right leg. Numerous minute purplish spots, from size of pin's point to one twelfth of an inch in diameter, are diffused over the surface. Eye-balls somewhat collapsed; pupils contracted; chest resonant; abdomen tympanitic. Inguinal glands on right side enlarged. Abdominal parietes free from fat. Omentum extends three fourths from diaphragm to pubis. Edge of liver is just seen at epigastrium. Muscles of chest and abdomen firm and of good color. No decided emaciation. Lungs not collapsed, meeting on the median line at upper part of chest. Three inches by two of the heart is seen *in situ*.

HEAD.—Dura mater normal. Arachnoid of milky hue; surface moist, dotted with whitish opaque spots; veins purplish, distinct, not particularly engorged; bloody points distinct on section, exuding a black blood. Substance firm, layers of the grey and white matter indistinct on the edge. Ventricles contain a drachm of turbid serum. Central parts normal. Choroid plexus rather pale. Commissura mollis absent. Appearance of membranes at base healthy; but small amount of serum; the membranes generally

strip easy. Cerebellum normal. Weight of cerebrum $2\frac{1}{2}$ pounds; cerebellum, $6\frac{1}{4}$ ounces. Specific gravity of grey matter, 32; of white, 41.*

NECK.—Contents of the neck normal.

THORAX.—*Lungs*. The left is a little adherent to the pleura at the base; some adhesions also between the lobes. Externally—the color anteriorly is pale, less so and bluish near the base, growing darker by insensible degrees posteriorly. The pleura is otherwise healthy. On incision it is pale anteriorly, growing dark towards middle, and still darker posteriorly. Its substance crepitates anteriorly, becomes dense in the middle, and yet more dense posteriorly; being scraped with the scalpel a frothy blood escapes—breaks down under pressure posteriorly. Small portions of the anterior float, of the posterior sink, but only after pressure. Anteriorly the internal bronchial membrane light, posteriorly dark and stained. The larger bronchi are pale and normal, no decided injection; no tubercles. Weight one pound eleven and a half ounces. Right lung.—Slightly adherent, but adhesions are readily broken. No adhesions between lobes; slightly puckered at apex. Its aspect anteriorly is light; apex and inferior parts inclining to purple, growing gradually darker posteriorly. On incision an abundant frothy fluid escapes. Crepitation perfect throughout middle portions, less at apex. Very imperfect at base and posterior portions, which are dense and spleen-like in texture, and sink readily, quickly, and without pressure. Bronchia of the middle lobe light throughout; of the interior and posterior portions, dark and stained. No marked injection. Weight, one pound eleven and one half ounces. Pleura costalis on the right side has a slight layer of lymph, which can be readily scraped off. Slight roughness of the pleura pulmonalis at base. *Heart*.—Pericardium yellowish; one or two transparent spots on its surface. The blood which escapes from the large vessels dark, dissolved, sily. Right auricle contains an abundant dark grumous clot, extending through into the ventricle. Right ventricle contains a yellowish fatty fibrinous clot, moulded to the valves and extending into the pulmonary artery. Left ventricle has a small, mostly fibrinous clot entangled in the meshes of its valves. Pulmonary valves readily hold water; aortic do not, being thickened, opaque, much contracted at upper edges. Remaining valves normal. Weight of heart, fourteen and one half ounces. Substance of left ventricle three fourths of an inch in thickness. Coronary arteries normal.

ABDOMEN.—*Liver*. Slight old adhesions on right side. Externally pale, anterior edge is stained of greenish hue. Substance

* This note (of the specific gravity of the white and grey matter) is suggested by the recent investigations of Dr. Sankey *On the Specific Gravity of the Brain*. See his able and original paper on this subject in the *British and Foreign Medico-Chirurgical Review* for January, 1853.

firm, cuts crisply; specific gravity 67. Weight five pounds. Dimensions $11\frac{1}{2}$, 8, and $2\frac{3}{4}$ inches. Gall-bladder moderately distended with bile. *Spleen*—externally normal; its substance soft, not diffuent. Dimensions 8, $4\frac{1}{2}$ and 1 inch. *Kidneys*—substance of right, normal. Capsule normal. Weight $7\frac{1}{2}$ ounces. Dimensions $5\frac{1}{2}$, 3 and $1\frac{1}{2}$ inches. Capsule of left slightly adherent; substance normal. Weight $8\frac{1}{2}$ ounces. Dimensions $5\frac{1}{2}$, $3\frac{1}{2}$ and $1\frac{1}{2}$ inches. *Stomach*—contains half a pint of yellowish opaque fluid. Its mucous membrane slightly mammillated; some punctiform injections on its large curvature. Lower portions discolored, greenish in hue; yield strips of half an inch. *Small intestine*.—Duodenum and jejunum œdematous in spots. Valvulæ conniventes distinct; about two feet from ileo-cæcal junction the large vessels can be seen through the wall, of a deep red color; at five feet the coats are generally of a greenish hue, somewhat injected and œdematous in spots; at seven feet is a discoloration of a greenish hue for a space of four inches. At lower portion the patches of Peyer appear to be slightly depressed, but their mucous membrane is entire. "Shaven beard" appearance of patch nearest to ileo-cæcal valve is barely noticeable. No ulcerations. *Large Intestine*.—Exterior normal, slightly œdematous and reddened internally. Bladder contracted; contains a little urine; is slightly injected in spots.

The preceding is a fair example of a fatal case of the fever, occurring in a strong and muscular man in the prime of life. The disease was not unusually severe in its access, nor was it accompanied by complication or any extraordinary symptoms. Its distinguishing marks, if any, were those of depression and extreme prostration. On *post-mortem* inspection, no one part appeared to have been essentially affected. The fluid, dark, disorganized character of the blood is what most arrests the attention. The morbid influence seemed to have expressed itself pretty equally upon every organ in the body.

Having thus, with more or less minuteness, illustrated by examples the ordinary phases of typhus in the British metropolis, in its mild, moderate, severe and fatal forms, let us next consider briefly the essential facts and elements set forth in the cases adduced, and confirmed by the multitude of recorded observations now spread upon the pages of fever throughout the realm. And first: the broad and general statement of these facts, as manifest in the fever of Great Britain, may be laid down as follows, viz.:

It is an affection sudden and severe in its accession, originating mostly in the densely populated and poverty-stricken portions of the larger cities and towns of England, Scotland and Ireland, traceable, in a majority of cases, on the part of the patient, to a more or less immediate intercourse with the sick; common to all ages and both sexes; ushered in by lassitude, depression, rigors,

anorexia, headache, pains in back, limbs and joints; accompanied, or soon followed, by loss of strength; dulness of the intellect and special senses; perversion of memory; stupor; hot and pungent skin, dusky, moist or dry; flushed face; suffused eyes; furred and loaded tongue; accelerated, but moderately full, soft, compressible pulse; without any considerable deviation (in its simple uncomplicated form) from a normal condition of the chest and abdomen; general sensitiveness of surface; a strong, peculiar nauseous odor of the body; exhibiting, on or about the fifth day, an abundant, characteristic rash, first seen upon the arms, upper part of chest and legs, later on abdomen and back, never on the face—the approach of which is previously heralded by an indistinct mottled and roseate appearance of the surface, seemingly subcuticular—which rash is at first light, pinkish, florid, isolated or clustered, simulating not infrequently the eruption of measles—then darker, more or less persistent, spreading, increasing in abundance and intensity for several days, sometimes livid, petechial, fading on or about the tenth day, and disappearing, in the order in which it came, from about the twelfth to the sixteenth day: which symptoms may vary in severity and relative importance, may vacillate from better to worse, from worse to better, or remain stationary, or diminish in intensity till they are merged in convalescence; or may be aggravated and receive accessions—the tongue become dry, swollen, fissured, black, with accumulations of sordes on the teeth and lips; injected eyes; fuliginous face; burning skin; livid and petechial spots; hurried, interrupted, imperfect respiration, accompanied by sighs and moans; dulness at lower posterior part of chest on percussion; an exceedingly rapid, feeble pulse; extreme muscular prostration, but with momentary exhibitions of unnatural strength; coma vigil or great nervous agitation, simulating at times the busy excitement of delirium tremens; with sometimes coolness of surface and profuse sweating; terminating, at a variable period between the tenth and twentieth day, often earlier, rarely later, in death; the *post-mortem* examination disclosing, externally, much discoloration of depending and posterior parts—internally, the absence rather of any considerable organic lesion, but commonly evincing more or less abnormal vascularity of the brain and its membranes, its substance being firm and natural; the bloody points on its cut surface numerous, distinct and dark—with oftentimes slight increase of serum beneath the arachnoid and in the ventricles, clear or turbid; lungs externally normal—internally normal anteriorly, the posterior and depending parts more dense and engorged; lining membrane of the bronchia reddened, stained, not usually injected; heart soft, flabby—its contained blood dark, fluid, dissolved, sisy—with loose non-coherent clots in the meshes of its valves; viscera of abdomen normal, with the exception of discoloration and sometimes simple congestion of the mucous

lining of the small intestines—occasional softening of the spleen, and general fluid, sily, disorganized condition of the blood throughout the body—the sum and substance of which symptoms, facts and circumstances is represented under the conventional term of *Typhus*.

The consideration of certain attributes and phases of the disease, in detail, must be deferred to a subsequent number.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 14th.—*Aneurism of the Arch of the Aorta.* Case, reported by Dr. Warren, of Waltham, was read by Dr. BOWDITCH.

F. C., 36 years of age; went to sea when 18 years of age; was a sailor for several years. In the first part of his going to sea, which was on board the U. S. ship Ohio, he was very sick with a fever, and was treated at the Chelsea Hospital. On his recovery he was discharged from the service. Eight years since, when in the East Indies, he fell from the mast-head, a distance of about sixty feet, to the deck of the vessel. Four years ago he was struck on the left side of the chest, in front, by a horse, causing severe injury. Had suffered considerably from palpitation nearly fifteen years—this often obliging him to stop and rest when at work, and “particularly when going aloft, on board the vessel.” In November, 1856, when hanging a barn door, a gust of wind struck it, causing it to fall upon his head and left shoulder, crushing him to the ground, as he said. During the winter and spring following, he suffered severe pain in the upper part of the left side of the chest, particularly near the junction of the clavicle and sternum, and extending to the left shoulder and down the arm, often obliging him “to stop and rest when milking.” He also had a severe cough during this time. About the first of May, 1857, he first perceived a pulsating tumor, about the size of a pea, immediately above the left clavicle, and quite near the left sterno-clavicular articulation. The tumor steadily increased, the pain became more severe, particularly at the spot above mentioned, and the cough continued, until about the last of July, when one day, while breaking off corn in the field, he felt something give way at the junction of the clavicle and sternum. This proved to be the separation of the articulation. The pain and distress at the time were intense. The pain diminished considerably, and the cough soon ceased entirely.

The tumor continued to increase, forcing the clavicle upward and forward.

I first saw the patient toward the last of November, through the kindness of Dr. H. Hosmer, of Watertown, who had occasionally visited him since July. Since then he has been under my constant observation and attendance. At the time of my first seeing him, the tumor measured between eleven and twelve inches in circumference at the base, and was prominent about two inches. In January, the right sterno-clavicular articulation gave way, and on January 30th, when

the first ambrotype of him was taken, the tumor measured fourteen inches in circumference at the base, six inches in its longest diameter, three inches in its shortest, and two and a half inches in its greatest prominence. It extended downward and to the left, under the clavicle, over the first and second ribs, and upward to the right, about two inches above the sternum, and slightly rose over the right sternoclavicular articulation. The tumor steadily increased—during the last three weeks of life, rapidly, and greatly downward and toward the shoulder and axilla. In the nine days following the 19th of May, it increased five inches in circumference. On the 31st of May, two days before death, when the second ambrotype of him was taken, the tumor measured twenty-seven inches in circumference at the base; a line drawn over it, in its greatest length, measured fifteen inches; one at a right angle to this, over its greatest prominence, thirteen inches. The tumor extended from the inner third of the right clavicle to the left shoulder and axilla, and downward to the nipple, which it raised. Its greatest fulness was next the shoulder and downward. When the patient was in his usual upright position, his chin touched, almost rested, on the tumor. The pulsations were powerful, particularly at times.

The sounds of the heart were somewhat muffled, and there was a slight bellows sound at the apex during the systole. The pulse at the wrist was barely perceptible; at the bend of the arm it was a mere thread. The aneurismal thrill and *bruit*, at first, was considerable, latterly very slight. The respiration was feeble in the region of the left scapula; in other parts of the chest loud—a sort of sucking and blowing respiration. During the last five or six weeks of life, the lungs were not auscultated. During the last month of life, the urine was scanty, with a thick sediment. His feet and legs became very oedematous. After the middle of February the distress greatly increased, and during the three days preceding March 11th, he was unable to swallow, was quite feeble, and began to take nourishing enemata. On the morning of the 11th, about 5 o'clock, he was seized with severe distress in the middle of the chest, a little to the left of the sternum, "and felt something give way." I saw him at 8 o'clock. The heart's action was then very much disturbed; pulsations rather feeble, slow and intermittent. The impression conveyed, when the hand was placed on the tumor, was almost that each pulsation would be the last. The heart's action gradually became as before. He was almost entirely relieved of the dysphagia, and experienced it but little afterward.

About the first of April, a thin prominent spot was first observed at the place where the tumor at last burst. This increased, became quite prominent, until its extent was nearly circular and about an inch and a half in diameter. As the fulness of the outer portion of the tumor increased, however, this prominence became barely perceptible.

During Sunday night, May 30-31, an ecchymose-looking spot appeared on the left portion of the thin place; this extended left, upward and to the right, over a space at last of eight or ten square inches, and became almost black in appearance. During the day of the 31st, a large vesicle formed where the ecchymose spot first appeared, which was opened at my evening visit, and nearly two teaspoonfuls of serous fluid escaped. During the last thirty-six hours of life the distress and pressure increased. A slight abrasion of the skin

on the thin place having occurred a few days previous, followed by a slight watery discharge, the place had been covered with a small cloth, on which was spread cream and fresh butter.

At the morning visit, Wednesday, June 2d, a small spot was noticed on the thin place, which had evidently grown much thinner during the night. At 7 o'clock, P.M., the time of the evening visit, I found blood had appeared through the cloths covering the tumor, and was told that on removing them, at 2 o'clock, a slight bleeding was found to have occurred, and the attendant would not remove the small cloth. The cloths were removed, and as I was carefully lifting the small cloth covering the thin place, the tumor burst at that spot, and the blood spirted eight or ten feet distance. I instantly applied my finger to the opening, and the stream of blood was stopped. The pulsations, pressure and fulness of the tumor became very great; these, with the movements of the patient, caused the blood to escape every moment. It was evident that if the hand were removed, the blood would burst forth in a torrent. Cloths, sponge, if it were possible to apply them, would be of no benefit. Death was inevitable; and there were but two ways for me to act—either to take my hand off, and let the patient die at once, or keep it on the tumor until he should sink from the gradual loss of blood. I chose the latter. The blood continued to escape, once in a large stream on the face and chest of his brother, who sat holding the bowl opposite him, in consequence of the patient suddenly moving, as I was quickly changing my hands on the tumor, being obliged to do so from fatigue, and he gradually sank and died easily at 9 o'clock, two hours after the bursting of the tumor. The amount of blood lost was estimated to be over one hundred ounces.

The patient bore his sufferings calmly and manfully, was fully aware of his situation, and often expressed a strong desire that a thorough examination should be made of him after death, and that I would dispose of the parts as I saw fit. The same calmness was also manifested when the tumor burst, and while the blood was flowing from him; he said that he must die, and entreated me to take my hand away, and let him die at once.

Sectio Cadaveris, by Dr. ELLIS. The aneurism, at the time of the examination, was considerably less prominent than before death. It extended from a point situated about two inches outside of the right sterno-clavicular articulation, downward to the third rib, and upon the other side to the axilla. A portion of skin between four and five inches in diameter, over the most prominent part of the tumor, was discolored by the effusion of blood beneath the surface. In the thinnest part of this, near the inner extremity of the left clavicle, was a slit about two thirds of an inch in length, through which the blood had escaped at the time of death. Here the tissues were not more than a line in thickness.

The aneurism commenced abruptly, from two to three inches above the aortic valves, and extended upward higher than the clavicle, from which point the blood had made its way between the external surface of the ribs and the soft parts as far as described. The descending aorta was also involved, the artery not regaining its natural size until a point was reached three inches above the diaphragm. No decided line of demarcation existed between the vessel and the aneurism.

Both clavicles were completely separated from the sternum, and

projected into the sac. The first rib on the left side was also nearly or quite separated. On examining the ends of these bones very small points were found, which appeared to be perfectly denuded. The remaining portions were covered with a very thin, smooth membrane, continuous with that lining the aneurism. Between the ribs and the left pectoral muscle was a large coagulum, lying entirely to the left of the perforation.

The coats of the artery were wrinkled, and contained much atheromatous deposit, cartilaginous-looking plates, and some that were calcareous. The lining membrane could be traced far into the sac, but was finally lost.

The opening of the left carotid artery was about a line in diameter; that of the subclavian much contracted, though larger than the other. The mouth of the *arteria innominata* was also quite narrow.

The left ventricle of the heart was hypertrophied and dilated, the organ being in other respects not remarkable.

The extension of the aneurismal sac having been mostly toward the anterior parietes, the organs within the chest had escaped. The oesophagus showed no signs of compression. In the lower part of the trachea was a slight prominence, but the lining membrane had undergone no change.

The head was not examined.

The right pleural cavity contained, by estimate, four pints of serum, and nearly one pint of the same was found among the bands of false membrane extending between the pleural surfaces on the left side.

The right lung was considerably compressed by the surrounding fluid.

The other organs were normal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 1, 1858.

DISINFECTING AGENTS.

A RECENT French journal contains a report by MM. Tardieu, Cazalis and Fermond, on the comparative value of certain disinfecting agents, ascertained by trial at the immense almshouse *la Salpêtrière*, at Paris. The subject is of interest at the present time, when the approach of the hot season calls for the special employment of the means best adapted to neutralize the noxious effects of decomposing organic matter. In the beginning of their report, the Committee allude to the difficulty of comparing one disinfectant with another, and deciding which is the best. There is no test for the different odors, except hydro-sulphuric acid and ammonia, and the sense of smell, however acute, cannot distinguish between the modifications produced by different antiseptic agents in a mephitic atmosphere. It is impossible to remember, from one day to another, the different effects produced on the organ of smell by the disinfected air of an apartment. Moreover, foul odors owe their infectious qualities to so many different substances, that chemical investigations have by no means given us an exact ac-

count of their composition. Indeed, with the exception of sulphureted hydrogen, hydrosulphate of ammonia, ammonia, and a few other gases, it may be said that the chemistry of infectious odors is entirely unknown.

The following general propositions are stated by the Committee. 1. The volatile acids, nitric, hydrochloric, acetic, &c., may in certain cases be efficacious by neutralizing ammoniacal animal matters, or even sometimes in effecting a chemical modification in them. 2. Nitrous and sulphurous acids in some cases produce excellent effects in de-oxygenizing organic substances. 3. Chlorine and the alkaline hypochlorides, the best disinfectants known, decompose all organic matters in attracting their hydrogen. 4. The alkalies, such as potash, soda, quick-lime, ammonia, &c., act particularly by neutralizing carbonic, hydrosulphuric and perhaps other organic volatile acids, whose nature is completely unknown. 5. Certain soluble salts, whose base forms with sulphur an insoluble sulphuret, act efficaciously in hydrosulphuric gas and hydrosulphate of ammonia, which are very deleterious. 6. In all cases, ventilation is the indispensable complement of every disinfecting process.

The object of the experiments of the Committee was to ascertain the comparative values of the *Disinfecting Liquid* of M. Ledoyen and of the *Anti-mephitic Liquid* of M. Larnaudès, and at the same time the efficacy of chlorine, united to the alkaline bases, soda and lime. The liquid of M. Ledoyen consists of a solution of the nitrate of lead, in the proportion of 26½ lbs. of the crystallized nitrate to 25 gallons of water. That of M. Larnaudès appears to be composed of a solution of sulphate of zinc in water, with the addition of a little sulphate of copper to make the invention patentable. The experiments of the Committee were made on the sewers and privies of the establishment, on faecal matter, on the atmosphere of infected wards, on putrefying animal matters, and those which are easily decomposed but not actually putrid. We shall only notice to-day the results of the trials of the different antiseptics in the privies and sewers of the Salpêtrière.

The purification of these had previously been effected by means of a fluid composed chiefly of a solution of a salt of iron, made by M. Krammer, which was found to be of considerable value, though there were certain privies which were in such a state that this agent had scarcely any effect in purifying them. The experiments with Ledoyen's fluid consisted in washing every part of the apartments with it, daily, for one month. The superfluous liquid passed into the sewer. This process produced a sensible improvement in the state of the air in the worst privies, which lasted from ten to eleven hours. The objection to this method consisted in its leaving white spots of sulphate of lead (which, however, were easily washed off) on the wood-work, and black spots on the metallic basins. The disinfecting solution of Larnaudès was applied in a similar manner with an equal effect in removing the foul smell. The effect, however, lasted only half as long as in the preceding experiment, and there was left a disagreeable taste of copper and of zinc in the mouth of the experimenters.

In order to try the effect of chloride of lime in the most favorable manner, nine pounds of the salt were mixed with ten buckets of water. Four buckets full were decanted off, and used to wash the walls and floors of the apartments, while the rest was thrown into the

vaults. This process was also continued for one month, with the result of rendering the air perfectly free from disagreeable odor other than that arising from the chlorine itself. It was remarked by the men employed in the premises that this agent was far more effectual than either of the others. An unexpected result was also produced; for several days, a thick, white vapor of hydrochlorate of ammonia was noticed, after the employment of the chlorine, owing to the immense quantity of ammonia with which the wells of the privies and vaults were saturated, and which was not removed by the processes of Ledoyen or Larnaudès. This vapor disappeared in a few days. It was found by calculation that the expense of employing the chloride of lime for a year would be 219 francs less than that of the fluid of Larnaudès, and 160 francs less than that of the solution of Ledoyen.

NEW METHOD OF AMPUTATION.

M. MAISONNEUVE, of Paris, has lately proposed a new method of amputating which deserves the attention of surgeons. It is styled by him the *diaclastic*, or that by rupture; and he has furnished a detailed description of the procedure, setting forth its advantages, and accompanying the account with a wood-engraving of the instrument devised for executing it. This paper may be found in the *Gazette Médicale de Paris* for the 8th of May, 1858. It was at first our intention to have translated the entire article for the pages of the JOURNAL, but time at present failing us, we will allude to the main points of interest, and live in hope that some one will hereafter favor us with the whole in an English dress.

The author, who is now surgeon at the hospital *La Pitié*, in Paris, begins his paper by referring to the danger of amputations in general, and asserts that "among the numerous patients, who die after being operated upon, at least four fifths succumb to accidents inherent in the operation itself."

Purulent infection, according to M. Maisonneuve, is the most frequent and the most fatal sequela of amputation. The researches of Velpeau, Dance and Mareschal are referred to as having thoroughly opened the subject and exposed the mechanism of the morbid action. The poisoning of the blood by the pus, which, being formed in the interior of the veins, is at once thrown upon the circulatory torrent, is the cause of the terrible results observed. *Phlebitis and purulent infection* are therefore understood as virtually synonymous in surgical language.

The fact that the most skilful operators have very generally been observed to have some of the most unfortunate cases as to results, is noticed by M. Maisonneuve; and he attributes this to the constant desire of such surgeons to use the knife, while others, less skilful with the latter, oftener have recourse to ligatures and caustics, or else "to instruments which, like scissors, bruise the tissues during division."

The surface of a wound after amputation by the knife, presents, as the author remarks, a space open to the action and penetration of the subsequently-formed purulent matter; and especially the gaping mouths of the divided vessels are thus exposed to the extension of suppurative inflammation. It is not, therefore, surprising that "purulent infection" often follows capital operations.

The contrary state of things obtains after operations for the abla-

tion of parts by ligature, the cautery or *arrachement*; the vascular canals being more or less completely obliterated before the suppurative process begins.

Reflections of this sort induced M. Maisonneuve to propose his "diaclastic" operation; and he succeeds in dividing the bone in the spot which he selects, without splintering, and of course without sawing, hæmorrhage, &c. The soft parts are divided by means of a ligature. The operator says, "After having brought the question of dividing the bone by rupture, to a practical conclusion, I had only to choose between cauterization and ligature, as a means for the division of the soft parts. For the present, I have decided upon the latter mode, as more expeditious and easier to put into execution. Consequently, I had an instrument made after the pattern of the *serre-neud* of Graefe, and which, in a small compass, has the power of dividing easily and quickly the largest limb."

Many experiments to test the capability of this apparatus were made upon the dead body before its originator tried it upon the living. On the 1st of May, 1857, M. Maisonneuve amputated, partially, by this method, the leg of a young man, 20 years of age, who had a "white swelling" upon the foot. The bone was broken by the instrument, but the knife was used to divide the soft parts. The patient recovered well from the operation.

The operator's second trial was made September 15th, 1857, and entirely in conformation to the new process; the bone being broken by the instrument, and the soft parts divided by extemporaneous ligature. This patient was wholly cured, and went out of the hospital on the 15th of December, walking with an artificial leg. Four other cases are given, and all were completely successful. Five legs and one fore-arm were the limbs concerned. As yet, the operator has not thus removed either the thigh or the arm.

The representation of the apparatus follows the above account of the cases; and subsequently a more minute description of the instrument and of the operation is given. We translate, in full, the author's "Conclusions":—

1. "Amongst the accidents which compromise the success of capital operations, that known as phlebitis or purulent infection is, without dispute, the most frequent and disastrous.

2. "This affection is most often declared after amputation of the extremities, and generally after such as are done by the knife.

3. "The affection is almost never observed after operations done by ligature, caustics or *arrachement*.

4. "The cause of this difference is the perfectly occluded condition in which the last named methods leave the vascular orifices, while, on the contrary, the knife leaves them wholly exposed.

5. "Until the present time, every attempt to apply the proposed method to the amputation of the extremities has failed, because the bones could not be conveniently divided.

6. "By the diaclastic method, this difficulty is removed.

7. "In combination with the extemporaneous ligature, the diaclastic method gives the surgeon a very simple system of amputation, and one very easy to carry out.

8. "In addition to the special advantages which this combination of operative measures affords as regards purulent infection, there is

this one in particular—that the surgeon can perform the operation without assistance; that no blood whatever is lost, and no ligature of vessels required.

"9. The first trials of this new method, where the leg and the forearm have been amputated, have been as encouraging as could possibly have been anticipated, since all the six patients operated upon were cured."

Prizes of the Mass. Med. Society.—The Mass. Medical Society is authorized, by a donation from one of its members, to offer the sum of one hundred dollars for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

J. B. ALLEY, *Recording Secretary.*

Professor Agassiz.—We are much gratified to learn from the *Courier* that this eminent savan has declined the splendid offer made to him by the Emperor of the French, of the Superintendence of the Garden of Plants, with a salary of twenty-five thousand francs and a seat in the Senate. Prof. AGASSIZ prefers to remain in his adopted country, where he will be employed for some years to come in completing his great work on the natural history of the United States. "The truth is," says the *Courier*, "and we wish the nations of Europe, France included, to understand it, that we do not mean to let Prof. AGASSIZ leave America. We have need of him here, and we love and honor him too much to have him go away from us."

Deaths of Eminent Medical Men.—The foreign journals inform us of the recent deaths of several distinguished scientific men. Among them was the celebrated physiologist, Prof. Müller, of Berlin, who died at the early age of 56. Prof. Mauthner, director of the Children's Hospital at Venice, whose writings have occasionally appeared in these pages, is also dead. His papers on the diseases of children, in the *Journal für Kinderkrankheiten* and other periodicals, are extremely valuable.

Disease of the Manufacturers of Quinine.—It appears, from a communication from M. A. Chevallier to the French Academy of Sciences, that the workmen employed in the manufactory of the sulphate of quinine are liable to a peculiar cutaneous affection, which is severe enough to cause them to suspend work for a fortnight, a month, or even altogether. It attacks not only the workmen, but those about the place. No remedy has as yet been discovered.

The Middlesex North District Medical Society.—The following are the officers of this Society for the year:—Drs. John W. Graves, of Lowell, President; Charles A. Savory, of Lowell, Vice President; Jonathan Brown, of Tewksbury, Secretary; N. B. Edwards, of N. Chelmsford, Treasurer and Librarian; Jeremiah P. Jewett, of Lowell, Curator of Cabinet; John C. Dalton, of Lowell, Commissioner on Trials; Standing Committee—Harlin Pillsbury of Lowell, Miles Spaulding of Groton, David Wells of Lowell; Councillors—Nehemiah Cutter of Pepperell, John W. Graves of Lowell, John C. Dalton of Lowell, Jeremiah P. Jewett of Lowell, Charles A. Savory of Lowell, Darius A. Dow of Westford, Luther B. Morse of Lowell, Hanover Dickey of Lowell, Joel Spaulding of Lowell; Censors—Nathan Allen of Lowell, Hanover Dickey of Lowell, Elisha Huntington of Lowell, D. Parker Gage of Lowell, Jeremiah Blake of Dracut.

Duration of Life among the Jews.—According to the observations of E. Gatters, the duration of life among the Jews is considerably longer than with Christians; even in infancy the mortality of the former is relatively less than among the latter. From his calculations it results that the average length of life is for Israelites, 46.5 years; for Germans, 26.7; for the Croats, 20.2; for the Austrians, 27.5. Gatters attributes this superiority on the part of the Jews, in different climates, entirely to the influence of race, and suggests the advantage of paying attention to the ethnographic element in the etiology of diseases. It is very probable that the cause of the greater longevity of Jews over Christians does not depend wholly on race, as Gatters thinks, but especially, if not entirely, on the fact that the Jews are more wealthy than Christians, and that their hygiene is superior to that of the latter.—*Brown-Sequard's Jour. of Phys.*

[The Jews in America cannot certainly be considered as superior to Christians in their hygienic condition; they are, in fact, far below the latter in this respect. We have no means of ascertaining the comparative longevity of the two races in this country.—EDITORS.]

Dr. Brown-Sequard's Lectures.—The lectures of this celebrated physiologist, delivered at the Royal College of Surgeons and St. Bartholomew's Hospital, have excited, among all ranks of the profession of the metropolis, an unprecedented amount of interest. The theatres have been thronged with audiences whose attention was intensely attracted by the exceedingly interesting and novel representations of the distinguished lecturer. His discoveries are well calculated to open many new views regarding the physiology of the central nervous system.—*London Lancet*, May 29th.

A Homœopathic Lawsuit in France.—It appears that twelve homœopaths, practising in Paris, have brought an action against the journal called *L'Union Médicale*, for an article written by Dr. Gallard, and which puts the delusion in its proper light. The damages are laid at £2000.—*Ibid.*

Health of the City.—Among the 73 deaths reported last week, 6 were from violent causes. There were 5 deaths from whooping cough, 3 from dysentery, 3 from scarlatina, 2 from pneumonia and 2 from congestion of the lungs. The number of deaths of children under the age of 5 years was 21. The total number of deaths reported during the corresponding week of 1857 was 58, of which 9 were from consumption, 4 from pneumonia, 0 from whooping cough, and 6 from scarlatina.

Communications Received.—Death from drinking Ardent Spirit; Gall-Stones.—Letter from Dr. E. S. Cooper.

Books and Pamphlets Received.—Reid on the Ventilation of American Houses.

Deaths in Boston for the week ending Saturday noon, June 26th, 73. Males, 37—Females, 36.—Accident, 2—anaemia, 1—disease of the bowels (reported stoppage of bowels), 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 16—convulsions, 1—croup, 2—dysentery, 3—diarrhoea, 1—dropsy, 4—dropsy in the head, 4—infantile diseases, 5—puerperal, 1—executed, 1—scarlet fever, 3—typhoid fever, 1—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 2—old age, 2—pleurisy, 1—rheumatism, 2—suicide, 3—teething, 1—whooping cough, 5.

Under 5 years, 25—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 53—Ireland, 18—other places, 2.